APPLICATION FOR <u>NEW ISSUANCE</u> OF THE NATIONAL BOARD "R" CERTIFICATE OF AUTHORIZATION

This application is to be used for **NEW ISSUANCES** *of the National Board "R" Certificate of Authorization. Renewal applicants should complete the online application on the National Board Business Center.*

Applying For:	"R" ONLY Check this box if you are only a "R" <i>Certificate of Authorization</i>		"R" WITH ASME Check this box if you are applying for the "R" <i>Certificate of Authorization</i> , and you plan to apply with ASME for ASME Certification(s).		
ls y	our facility owned or operated	d by the federal go	vernment? NO	YES	
<u>capi</u>	r company name and address belo talization, punctuation, and <u>abbre</u> not complete this application in al	<u>viations</u> . The way it is	s listed is exactly how your Certil	ficate will be issued.	
Full Company Name:					
Division (if applicable)	·				
Abbreviation for Stam	oing (if applicable):				
Physical Address	Physical Address (if different from physical address)				
When shipping via co	ourier (UPS or DHL), which add	ress should be use	d? Physical Address	Mailing Address	
Deguasted Seenes	Activity	Location	Matarial		
Requested Scopes:	<u>Activity</u> Repairs Only Alterations Only Repairs and Alterations	Location Shop Only *Field Only Shop and F		Design Only RP	
*If you have ma	arked your scope as " <u>Field Only</u> ", v	will your review take	place at the physical location list	ted above?	
YES		the complete addres w will take place:	s		
ls your company inten requirements?	ding to work on specification carg YES NO	o tanks in accordanc	e with the Department of Transp	portation (DOT)	
AUTHORIZED INSPEC	TION AGENCY (AIA) OR OW	NER-USER INSPE	CTION ORGANIZATION (OL	(OI	
Name of AIA or OUIO:					
Effective Date of AIA Con	tract:				

IMPORTANT: A copy of the page one of your contract with your AIA must be submitted with this application.

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вХв	THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL	
-0-	OF BOILER AND PRESSURE VESSEL	INSPECTORS

Company Name: _____

CONTACT INFORMATION

Primary Contact I	nformation:			<u>Genei</u>	al Company	Information:	
First Name:			Company Phone:				
Last Name:			Company Email:				
Title/Position:							
Email:							
Phone:							
AUTHORIZED INS	PECTION AGENC	CY (AIA) REPRI	ESENTA	TIVE INFO	RMATION		
Inspector:				Inspe	ctor Superviso	or (If unknown, lea	<u>ave blank)</u> :
Name:				Name:			
Email:				Email:			
Phone:				Phone	:		
SHOP REVIEW/TR/	AVEL INFORMA	TION					
What is the earliest of (Shop Reviews are typica	-				ks or dates are days, plant shutdo	not acceptable for wn, etc.)	your review?
Please check the day	s of the week that	your company is	open fo	r business:			
Sunday	Monday	Tuesday	V	Vednesday	Thursday	Friday	Saturday
Hours of Operation:	. <u> </u>						
Information for the	? Review Team:						
Recommended Airpo	ort:						
Airport City:				Three Let	ter Airport Cod	e:	
Do you recommend	renting a car?	Yes	No 🔿	Alternate	e mode of trans	portation:	
Recommended Hote	l for the Review Te	am:					
Hotel Address:					Hotel Phone	:	
			М	iles from air			
		M					
Please check if any sa	afety items helow a						
Safety Shoes	Safety Glasses	-	Hard		Gloves	Other:	
Salety Shoes	Jaiety Glasses	JUE JIIEIUS	TIATU	nat	010462	Julei.	



Company Name: _

NATIONAL BOARD APPLICANT AGREEMENT

CONDITIONS

- OWNERSHIP CHANGES: If ownership of the company changes, by signing below, the new owners agree that they will take full responsibility for all work previously
 performed under this "R" Certificate of Authorization. If the new owners do not want to take responsibility for previous work performed under this Certificate, the new
 owners shall submit an NB-12, Application for New Issuance of the National Board "R" Certificate of Authorization, to apply for a new Certificate of Authorization, in which
 a new Certificate number will be assigned.
- The Certificate and steel symbol stamp shall be used only by the named company and in the manner prescribed in the National Board Inspection Code (NBIC) and NB-415, Accreditation of "R" Repair Organizations.
- The applicant must have all parts of the current edition of the NBIC and have available a copy of the applicable Code of Construction, when performing work under the Certificate of Authorization.
- The Certificate and steel symbol stamp will be surrendered should the company discontinue activities authorized under the scope of the applicable Certificate, at the request of the National Board, or at the expiration of the Certificate. The company will pay all legal fees and National Board costs associated with the recovery of the Certificate(s) and steel stamp(s).
- The National Board member jurisdiction or the National Board may make audits or unannounced visits as deemed necessary to ensure compliance with the rules of the National Board.
- For renewals, if the Certificate is issued after it expires, and no Certificate extension was issued, there will be a lapse in the organization's ability to perform any activities authorized under the scope of the applicable Certificate, between the expiration date and issuance date. If the Certificate is issued more than 6 months past expiration, a new Certificate number may be assigned.
- Under no circumstances shall the National Board "R" symbol stamp be used without the acceptance of a National Board Commissioned Inspector.
- Failure to comply with these conditions, the requirements of NB-415 or the NBIC may result in the termination of the Certificate of Authorization, and the steel Symbol Stamp to be surrendered to the National Board.

STATEMENT OF DUE PROCESS & CONFIDENTIALITY

- The Review Team's responsibility is to document any findings and report them to the National Board along with a recommendation concerning issuance of a Certificate of Authorization.
- Team members are prohibited from discussing your company's proprietary information as well as the information contained in their report at any time, except with National Board staff or Appeals Committee members. Information obtained by the team member, staff or committee members will be held in strict confidence. A copy of their Qualification Review Report will be left with the applicant upon request.
- National Board policy provides for due process by an aggrieved party. Individuals may request information concerning this procedure by contacting the National Board Technical Department at repairstamp@nbbi.org.

DEMONSTRATION

- A Review Team will conduct an evaluation of the company's Quality System. The company must demonstrate sufficient implementation of the Quality System to provide evidence of the company's knowledge of welding, nondestructive examination, postweld heat treatment and other repair or alteration activities performed as applicable for the requested scope of work.
- The evaluation of the Quality System must include a demonstration of welding, if included within the scope of activities applied for.
- The implementation demonstration must include any ongoing or current repair/alteration work at the time of the review, otherwise, a mock- up, or a combination of a mock-up and non-repair/alteration work may be used.

By signing this form, you acknowledge that the information on this application is correct and that you have read and agree to the National Board Applicant Agreement as shown above.

Printed Name of company's authorized representative

Title of company's authorized representative

X

Signature of company's authorized representative

or

Date

Submit completed form to: repairstamp@nbbi.org

The National Board 1055 Crupper Avenue Columbus, Ohio 43229-1183

Please Note: An incomplete/improperly completed		
0	application may delay the processing of this request.	
1	Please be sure your form is complete before submitting.	